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FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF DEATH	
County <u>Maricopa</u>	State Index - - No. <u>123</u>	County Registered No. <u>7976</u>	
District <u>Glendale</u>	Local Registrar's No. <u>92</u>		
Town <u>Glendale</u>			
Or City <u>Glendale</u>			
No. <u>1M. W. 3M. So. of Glendale</u>			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Bertha Burpice Varney</u>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Female</u>	Color or Race <u>White</u>	SINGLE <u>MRRIED</u>	
	Indian	WIDOWED	
	Black	or DIVORCED	
	Chinese		
	Mexican		
DATE OF BIRTH _____ 19____			
(Month) (Day) (Year)			
AGE _____ yrs. _____ mos. <u>10</u> days _____ hrs., or _____ min.			
OCCUPATION			
(a) Trade, profession or particular kind of work <u>None</u>			
(b) General nature of industry, business, or establishment in which employed or (employer)			
BIRTHPLACE (State or country) <u>Arizona</u>			
NAME OF FATHER <u>Ray Varney</u>			
BIRTHPLACE OF FATHER (State or country) <u>Idaho</u>			
MAIDEN NAME OF MOTHER <u>Ma Smith</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Arizona</u>			
The Above is True to the Best of my Knowledge			
(Informant) <u>Ray Varney</u>			
(Address) _____			
PLACE OF BURIAL OR REMOVAL <u>Greenwood Cem</u>		DATE OF BURIAL OR REMOVAL <u>Nov 7 1919</u>	
UNDERTAKER _____		ADDRESS _____	
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>Nov. 6</u> 19 <u>19</u>			
(Month) (Day) (Year)			
I hereby certify that I attended deceased from <u>Oct 27</u> 19 <u>19</u> to <u>Nov 6</u> 19 <u>19</u> ; that I last saw her alive on <u>Nov 6</u> 19 <u>19</u> , and that death occurred on the date stated above at <u>7 P.M.</u> The DISEASE or INJURY causing death was as follows:			
<u>Prematurity and</u>			
<u>Purpura Hemorrhagica</u>			
(Duration) _____ yrs. _____ mos. <u>7</u> days			
Was disease contracted in Arizona? _____			
If not, where? _____			
CONTRIBUTORY _____			
(Duration) _____ yrs. _____ mos. _____ days			
(Signed) <u>J. M. Pearson</u>			
<u>Nov 7 1919</u> (Address) _____			
*In death from violent causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.			
LENGTH OF RESIDENCE			
At place of death _____ yrs. _____ mos. _____ ds. In Ariz. _____ yrs. _____ mos. _____ ds.			
Former or Usual Residence _____			
Filed <u>Nov 7 1919</u> <u>G. M. Battison</u>			
Local Registrar.			
Filed <u>11-12 1919</u> <u>H. R. Lo...</u>			
County Registrar.			